



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
PUBLIC DRINKING WATER PROGRAM  
**APPLICATION FOR A CONSTRUCTION PERMIT**

P.O. BOX 176  
JEFFERSON CITY, MO 65102

| DNR USE ONLY |  |
|--------------|--|
| REV. NO.     |  |
| DATE RECD.   |  |
| DATE APPD.   |  |

**INSTRUCTIONS**

- A. Please type or print in ink.  
B. A completed and signed application form must accompany each set of plans and specifications that is submitted to the department for review and approval.  
C. No fee is required for a construction permit.  
D. Please direct inquiries to the above address or call (573) 751-5924.

1. **NAME OF PROJECT** (TYPE OF CONSTRUCTION, FOLLOWED BY EITHER THE NAME OF DEVELOPMENT, CITY, WATER DISTRICT OR OTHER.)

**NOTE FOR NUMBER 2 ►** FOR A SOLE PROPRIETORSHIP – THE NAME OF THE PROPRIETOR, FOR A CORPORATION – THE NAME OF AN OFFICER OF AT LEAST THE LEVEL OF A PLANT MANAGER; FOR A PARTNERSHIP – THE NAME OF A PRINCIPAL PARTNER; FOR A CITY, STATE, FEDERAL OR OTHER PUBLIC FACILITY – THE NAME OF EITHER A PRINCIPAL EXECUTIVE OFFICER OR A RANKING PUBLIC OFFICIAL.

2. **OWNER OR OFFICIAL CUSTODIAN**

TELEPHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

3. **LIST OF DOCUMENTS SUBMITTED** (CHECK APPROPRIATE BOX OR BOXES. TWO SETS ARE REQUIRED FOR EACH DOCUMENT.)

- |   |  |
|---|--|
| <input type="checkbox"/> ENGINEERING REPORT*<br>IF THE REPORT IS APPROVED, WRITE THE<br>REVIEW NUMBER OF THE REPORT _____ | <input type="checkbox"/> HYDRAULICS ANALYSIS*                    |
| <input type="checkbox"/> DETAILED PLANS*  | <input type="checkbox"/> PRODUCT/EQUIPMENT LITERATURE            |
| <input type="checkbox"/> TECHNICAL SPECIFICATIONS*  | <input type="checkbox"/> LETTER OF ACCEPTANCE FROM SUPPLY SOURCE |
| <input type="checkbox"/> LAYOUT MAP*  | <input type="checkbox"/> OPERATION AND MAINTENANCE MANUAL        |
|   | <input type="checkbox"/> OTHER (SPECIFY) _____                   |

\*MUST BE AFFIXED WITH THE PROFESSIONAL ENGINEER'S SEAL.

4. **PROJECT IS FOR**

- ☐ DEVELOPMENT OF NEW WATER-SUPPLY SYSTEM  
☐ MODIFICATION OF EXISTING WATER-SUPPLY SYSTEM

5. **SCOPE OF THE PROJECT** (DESCRIBE THE PROJECT COMPLETELY. ATTACH ADDITIONAL SHEETS IF NECESSARY.)

6. **LOCATION OF PROJECT:** U.S. GEOLOGICAL SURVEY LOCATION \_\_\_\_\_ ¼, \_\_\_\_\_ ¼, SECTION \_\_\_\_\_, T \_\_\_\_\_, R \_\_\_\_\_.  
COUNTY, MISSOURI

MAILING ADDRESS (IF OUTSIDE CITY BOUNDARIES, INCLUDE NAME OF NEAREST CITY.)

7. **PROPOSED WATER-SUPPLY SOURCE**

- ☐ WELL OR WELLS  
☐ STREAM, RIVER, LAKE, OR RESERVOIR (TWO-STATE TREATMENT IS REQUIRED)  
☐ EXISTING WATER-SUPPLY SYSTEM

IDENTIFICATION NUMBER \_\_\_\_\_

NAME OF OWNER OR OFFICIAL CUSTODIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

LINE SIZE AT POINT OF CONNECTION \_\_\_\_\_

AVAILABLE FLOW AND PRESSURE \_\_\_\_\_

- ☐ OTHER (SPECIFY) \_\_\_\_\_

|   |   |
|---|---|
| <b>8. WATER LINES</b>   |   |
| <input type="checkbox"/> COMPLETE DISTRIBUTION SYSTEM<br><br><input type="checkbox"/> WATER LINE EXTENSION  | <input type="checkbox"/> WATER LINE RELOCATION/REPLACEMENT<br><br><input type="checkbox"/> OTHER (SPECIFY) _____  |
| <b>9. PROPOSED TREATMENT PROVIDED</b>   |   |
| <input type="checkbox"/> CLARIFICATION<br>___ PRE-SEDIMENTATION<br>___ CHEMICAL RAPID MIXING<br>___ FLOCCULATION<br>___ SEDIMENTATION<br>___ FILTRATION<br>___ OTHERS (SPECIFY) _____<br><br><input type="checkbox"/> SOFTENING<br>___ LIME OR LIME-SODA PROCESS<br>___ ION EXCHANGE PROCESS<br><br><input type="checkbox"/> IRON AND MANGANESE REMOVAL<br>___ OXIDATION-DETENTION-FILTRATION<br>___ LIME/LIME-SODA SOFTENING PROCESS<br>___ ION EXCHANGE<br>___ MANGANESE GREENSAND FILTRATION<br>___ SEQUESTRATION BY CHEMICALS<br>___ OTHERS (SPECIFY) _____ | <input type="checkbox"/> RADIONUCLIDE REMOVAL<br><br><input type="checkbox"/> THM CONTROL<br><br><input type="checkbox"/> VOC REMOVAL<br><br><input type="checkbox"/> TASTE AND ODOR CONTROL<br><br><input type="checkbox"/> STABILIZATION<br><br><input type="checkbox"/> DISINFECTION<br>CHEMICALS USED _____<br>CONTACT TIME _____<br><br><input type="checkbox"/> FLUORIDATION<br><br><input type="checkbox"/> OTHERS (SPECIFY) _____ |
| <b>10. STORAGE</b>  |   |
| DIMENSION _____<br><br><input type="checkbox"/> GROUND-LEVEL STORAGE TANK<br><input type="checkbox"/> ELEVATED STORAGE TANK<br><input type="checkbox"/> STANDPIPE   | CAPACITY _____<br><br><input type="checkbox"/> PRESSURE TANK<br><input type="checkbox"/> OTHERS (SPECIFY) _____   |
| <b>11. PUMPING</b>  |   |
| NUMBER OF PUMPS _____<br><br><input type="checkbox"/> LOW SERVICE PUMPING<br><input type="checkbox"/> BOOSTER PUMPING   | CAPACITY/PUMP _____<br><br><input type="checkbox"/> HIGH SERVICE PUMPING<br><input type="checkbox"/> OTHER (SPECIFY) _____  |
| <b>12. WASTE DISPOSAL FACILITIES</b>  |   |
| NUMBER OF UNITS _____<br><br><input type="checkbox"/> PUMPS AND PIPING<br><input type="checkbox"/> TREATMENT UNIT   | CAPACITY/UNIT _____<br><br><input type="checkbox"/> HOLDING STRUCTURES<br><input type="checkbox"/> OTHER (SPECIFY) _____  |
| FINAL DISPOSAL OF SLUDGE _____  |   |
| <b>13. OTHER WATER WORKS (SPECIFY)</b>  |   |
|   |   |
| I CERTIFY THAT THE INFORMATION ENTERED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND IF GRANTED A PERMIT, THE CONSTRUCTION OF THIS PROJECT WILL BE IN ACCORDANCE WITH THE FINAL PLANS AND SPECIFICATIONS APPROVED BY THE MISSOURI DEPARTMENT OF NATURAL RESOURCES.  |   |
| SIGNATURE OF OWNER OR OFFICIAL CUSTODIAN  | DATE  |